

CLAIMS ONLY

Original of Re. Ault. A.

Application Number

101829, 207

Filing Date

Applicant(s)

* May be used for additional claims or amendments

| AIMS | AS FILED 4/22/04 | | AFTER FIRST AMENDMENT 4/22/06 | | AFTER SECOND AMENDMENT 12/27/04 | |
|--------------|---------------------|--------|----------------------------------|--------|------------------------------------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | |
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| Total indep | 2 | | 4 | | 10 | |
| Total Depend | 6 | | 14 | | 12 | |
| Total Claims | 8 | | 18 | | 22 | |

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| Total indep | | | | | | |
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| Total Claims | | | | | | |